



BOB RILEY  
Governor

# Alabama Medicaid Agency

501 Dexter Avenue  
P.O. Box 5624  
Montgomery, Alabama 36103-5624

www.medicaid.state.al.us  
e-mail: almedicaid@medicaid.state.al.us  
Telecommunication for the Deaf: 1-800-253-0799  
1-800-362-1504 (334) 293-5500



MIKE LEWIS  
Acting Commissioner

October 3, 2003

## **Provider Notice 03-10**

**TO:** Medicaid Physicians, Pharmacies, Optometrists, FQHC's, RHC's and Nursing Homes

**RE:** Pharmacy Preferred Drug List

**Effective November 3, 2003**, Alabama Medicaid will require prior authorization for non-preferred brand name drugs in selected classes. All covered generic and over-the-counter products are considered preferred for this program. The Preferred Drug List (PDL) has been developed with the Medicaid Pharmacy and Therapeutics Committee based on clinical efficacy, safety and patient care factors. The first phase of drug classes to be implemented includes Narcotic Analgesics, Antidepressants and Platelet Aggregation Inhibitors. Prescriptions written for brand preferred drugs, generic and covered over-the counter drugs in these classes will not require prior authorization. A copy of the PDL is attached to this notice for your reference. An alphabetical PDL is available on our web site at [www.medicaid.state.al.us](http://www.medicaid.state.al.us).

Non-preferred brands in these classes will remain covered but will require authorization prior to Medicaid payment. The PA Request Form available on the Medicaid web site should be utilized by the prescribing physician or the dispensing pharmacy in requesting pharmacy prior authorizations. It is very important that all information be completed and that both pages of the form be submitted. Requests may be faxed, or mailed to:

**Health Information Designs (HID)**  
**Medicaid Pharmacy Administrative Services**  
**P. O. Box 3210**  
**Auburn, AL 36832-3210**  
**Fax: 1-800-748-0116**  
**Phone: 1-800-748-0130**

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes additional medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Services Division at 334-242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

Mike Lewis  
Acting Commissioner

### Distribution

Alabama Independent Drugstore Association	Alabama Pharmacy Coop	State of Alabama Medical Association
Alabama Pharmacy Association	Alabama Retail Association	Medical Association of the State of Alabama
Alabama Primary Healthcare Association	Alabama Nursing Home Association	Alabama Optometric Association

**Our Mission - to provide an efficient and effective system of financing health care for our beneficiaries.**



# ALABAMA MEDICAID AGENCY

## PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency will use a mandatory Preferred Drug List, effective Oct. 1, 2003. Brand preferred drugs, generics and over-the-counter (OTC) drugs covered by Medicaid will be available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempted from the new requirements.

All covered OTC drugs and generic products are considered preferred.

### **Behavioral Health**

#### **Monoamine Oxidase Inhibitor (MAOI)**

Nardil  
Parnate

#### **Selective Serotonin Reuptake Inhibitor (SSRI)**

Lexapro  
Paxil  
Paxil CR

#### **Tricyclic Antidepressant (TCA)**

Elavil  
Norpramin  
Pamelor  
Sinequan  
Surmontil  
Vivactil

#### **Other**

Serzone  
Wellbutrin  
Wellbutrin SR